



Bellevue Parks &
Community Services

Spring 2015 Women's Basketball League

GAME INFORMATION:

- Women's leagues play in the **Eastside Women's Basketball League** in conjunction with Redmond Parks.
- **8** regular season games, with playoffs of the top **4** teams in each league.
- Rosters and Non-Resident Fees due at time of registration. Revisions allowed until the third week of league play.
- Games played at City of Bellevue community centers, and Redmond gyms.
- Limited number of teams accepted into the league, based on available gym space.
- Game night - **Monday**
- Game times vary depending on the gym. **Important: Teams will play at all times throughout the season.**
- Two referees provided for each game by the Pacific Northwest Basketball Officials Association.
- Modified high school rules used, with 20-minute halves (running clock except for timeouts, foul shots, and unforeseen stoppages of play, until the last two minutes of each half, when there will be a regulation clock).

LEAGUES OFFERED:

- Upper & Lower leagues. *new*
- Individuals can form teams.
- Notes
 - The league administrator reserves the right to place teams into any league deemed necessary for league play.
 - Any team may register in a classification higher than the one for which it qualifies.
 - Individuals can be placed on the Interested Players List. Contact Shirley Louie (425)452-4479, LEAGUES@bellevuewa.gov.

IMPORTANT DATES:

- [Fri Feb 20, 2015](#) - Registration opens for Bellevue residents & returning teams.
- [Fri Feb 27, 2015](#) - Registration open for everyone.
- [Fri Mar 13, 2015 4:30 pm](#) - Registration & Payment Deadline
- [April - July 2015](#) - League Play

COSTS:

- League Fee: **\$725**
*Nonrefundable if requested less than 3 weeks prior to start of league play or schedules have been set.
\$35 administrative fee if refund/change request granted.*
- Non-resident Fee: **\$10** for each player **not residing** in Bellevue (zip codes 98004-98008), or Redmond

REGISTRATION REQUIREMENTS:

- Registration Form
- Team Roster **with residence addresses**
(Online Registration: roster due 3rd week of games along with final changes)
- Full League Fee.
(Company Sponsorship: Payment must be received by registration deadline)
- Non-Resident Fees, if applicable

PAYMENT OPTIONS:

- Cash, Checks, Visa, and MasterCard accepted.

REGISTRATION OPTIONS:

- Online Registration <http://parksreg.bellevuewa.gov>
- Drop-Off Location: Bellevue City Hall
Service First Desk
450 110th Ave NE
Bellevue, WA 98004
- Mailing Address: Shirley Louie
Bellevue Parks/Enterprise Division
PO Box 90012
Bellevue, WA 98009-9012
- E-mail Address: LEAGUES@bellevuewa.gov
- Fax: (425) 452-7221
Attn: Shirley Louie

FOR MORE INFORMATION:

- http://bellevuewa.gov/parks_adult_sports_leagues.htm
 - <http://parksreg.bellevuewa.gov>
 - LEAGUES@bellevuewa.gov
 - League Coordinator: Shirley Louie
(425) 452-4479
slouie@bellevuewa.gov
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Team Registration Form

Please fill in the information.

Fall [] Winter [] Spring [<input checked="" type="checkbox"/>] Year [2015]	
Team Name:	Sponsor (if applicable):
Manager's Name	Phone: (cell) (day) (evening)
Street Address:	Fax:
City, State, Zip:	Email Address:
League: <input type="checkbox"/> Women - Upper <i>new</i> Mon <input type="checkbox"/> Women - Lower <i>new</i> Mon	Payment Enclosed (check all that apply): _____ \$725 Team League Fee <i>Nonrefundable if requested less than 3 weeks prior to start of league play or schedules have been set.</i> <i>\$35 administrative fee if refund/change request granted.</i> _____ Non-Resident Fees, if applicable (\$10 each) _____ Total Enclosed
Type of Payment: <input type="checkbox"/> Cash (Do not send in mail) <input type="checkbox"/> Check or money order (payable to "City of Bellevue") <input type="checkbox"/> Company Sponsor Check (must be received by registration deadline) <input type="checkbox"/> Charge Card (check type): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account #: _____ Expiration Date: _____	
Is your team new to Bellevue Basketball League?	
If it is, how did you find out about our league?	
If not, what season did your team play in last?	
Season: _____ Year: _____ Former team name: _____	

For Office Use Only:

Date Received	Registration Form	League Fee	Payment Type	Date Processed	Processed by	Roster	Addresses



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Team Roster

Team Name:

Season: Fall ☐ Winter ☐ Spring ☒ Year **2015**

For best results, set your printer to "Landscape" before printing this page.

Printed Name	Phone(s)	Residence Address	City	Zip	Resident?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					